

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **12294**

STATE FILE NUMBER **63-049458**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003**

FILED DEC 20 1963 ST-32350 XC-11 694 000

1. PLACE OF DEATH a. COUNTY ST. LOUIS, MISSOURI		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE FLORIDA b. COUNTY DADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS, MISSOURI		c. CITY OR TOWN PRESTON	
Length of stay in 1b 38 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) NATHANIEL GREEN		4. DATE OF DEATH 12/10/63	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/11/13
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY BRADLEY CO., ARKANSAS U.S.A.	
11. BIRTHPLACE (City and state or country) BRADLEY CO., ARKANSAS U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME COLUMBUS GREEN		13b. MOTHER'S MAIDEN NAME SARA Bealeton	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II	
16. SOCIAL SECURITY NO. 432-20-9893		17. INFORMANT MARY GREEN (SISTER)	
Address ST. LOUIS, MO. 1156A HAMILTON		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 156.1 DUE TO (b) --- DUE TO (c) --- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ---	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11/2/63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	
20f. CITY, TOWN, OR LOCATION VAH, ST. LOUIS, MO.		COUNTY --- STATE ---	
21. I attended the deceased from 11/2/63 to 12/10/63 and last saw him alive on 12/10/63 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John J. Funkhouser M.D.	
22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 12/11/63	
23a. BURIAL, CREMATION, or other disposal (Specify) BURIAL		23b. DATE 12/16/63	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., MO	
24. FUNERAL DIRECTOR Hill & Radford		25. DATE REC'D. BY LOCAL REG. DEC 12 1963	
ADDRESS 1713 N. Grand Blvd		26. REGISTRAR'S SIGNATURE Earl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leroy B. Bonmeister

Licensed Embalmer No. 4523

P. O. Address 4251 N) WASHINGTON

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.